



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**  
844 NORTH RUSH STREET  
CHICAGO, ILLINOIS 60611-2092  
www.rrb.gov

October 5, 2000

OFFICE OF PUBLIC AFFAIRS

Mr. Robert Stoy  
3 Collingwood  
Aliso Viejo, California 92656

In reply refer to  
S.S.A. No. 718-16-9511

Dear Mr. Stoy:

This is in further reply to your letter dated August 18, 2000, requesting genealogical information.

Our records of Mr. Thomas Henry Young were located and enclosed are photocopies. Our records also show that his widow, Ethel, died on January 23, 1988.

Sincerely,

A handwritten signature in blue ink that reads "Bill Poulos". The signature is written in a cursive style.

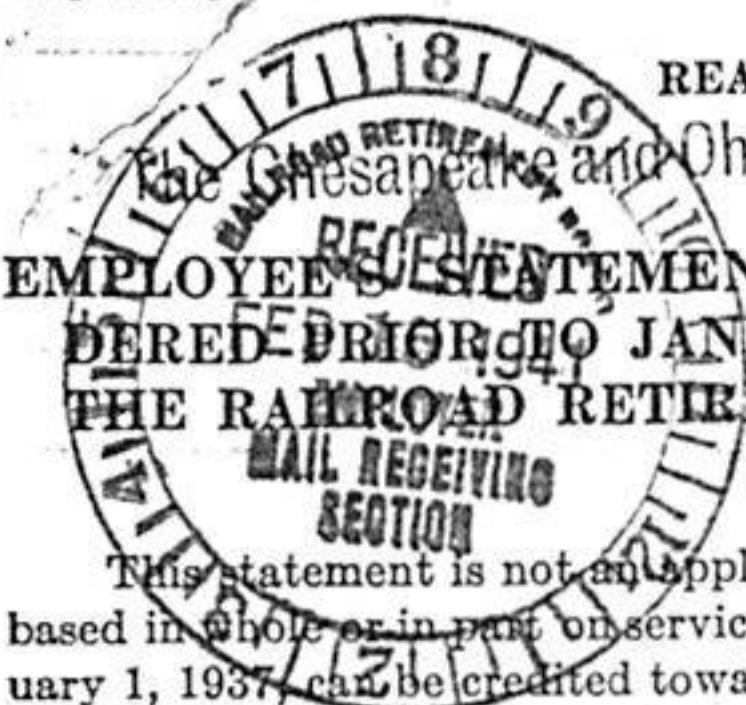
Bill Poulos  
Director of Public Affairs

Enclosures





34



READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

**EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.**

Do not write in this space

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals who on August 29, 1935, were in the active compensated service of or in an employment relation to an employer under that Act. Only such individuals should fill out this form. Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. 718-16-9511 ✓

2. Name Thomas Henry Young 3. Race White  
(PRINT) (First) (Middle) (Last)

Address 313 Emerson N.W. Washington D.C. 4. Sex Male  
(Street and number) (Town or city) (County) (State) (Male or female)

5. Date of birth FEBY. 24 1883 6. Place of birth Near LaFayette Walker Georgia  
(Month) (Day) (Year) (PRINT) (Town or city) (County) (State)

7. Father's William Sanford Young Mother's Sarah Elizabeth Simmons  
(First name) (Middle name) (Last name) (First name) (Middle name) (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? Yes If not, were you  
(Yes or no) (Yes or no)  
on August 29, 1935: on furlough and ready and willing to serve? \_\_\_\_\_; on leave of absence? \_\_\_\_\_; or absent  
(Yes or no) (Yes or no)  
on account of sickness or disability? \_\_\_\_\_  
(Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate block for each employer. Start with a new line of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) Central of Georgia Railway Company T. H. Young  
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
Steno-clerk	April	1906	June	1908	Traffic	Chattanooga, Tenn.
Chief Clerk	July	1908	Aug.	1913	"	"
Dates are approximate						

(b) Southeastern Freight Association T. H. Young  
(Name of employer under the Act) (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
Stenographer	Jan.	1917	Aug.	1917	Tariff	Atlanta, Ga.
Dates are approximate						

(Additional blocks are provided on the back of this form) 16-7468

Date November 2nd, 1938  
(Month) (Day) (Year)

(Signed) Thomas Henry Young  
(Sign in ink or indelible pencil - do not print)

4967468  
PS2973



(c) Chesapeake & Ohio Ry. (Name of employer under the Act)

T. H. Young (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
Steno-opr.	Nov.	1920	Sept.	1924	Traffic (Freight)	Washington, D.C.
Chief Clerk	Sept.	1924	Oct.	1927	"	"
Commercial Agent	Oct.	1927	Feb.	1932	"	"
General Agent	Feb.	1932	Jul.	1934	"	"

(d) Chesapeake & Ohio Ry. (Name of employer under the Act)

T. H. Young (Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		
Asst. General Agent	Jul	1934	Not Ended		Traffic (Freight)	Washington, D.C.

(e) (Name of employer under the Act)

(Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		

(f) (Name of employer under the Act)

(Your pay-roll name)

OCCUPATION	DATE BEGAN		DATE ENDED		DEPARTMENT	LOCATION OR DIVISION
	Month	Year	Month	Year		

REMARKS Date changed from steno-opr to chief clerk is approximate.

THE BETH BOVE... (Faint text at the bottom of the page)



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Social Security Account Number 718 | 16 | 9511

R. R. B. No.

PRIOR SERVICE

SECTION IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by

Young

Thomas

Henry

(Last Name)

(First Name)

(Middle Name)

313 Emerson N. W.

Washington

D. C.

(Street and Number)

(Post Office)

(County)

(State)

who states that he served with the employer or its predecessor as shown in Section 2 herein.

SECTION 2. - EMPLOYEE'S CLAIMED SERVICE

Central of Georgia Railway Company

18

(Name of Employer)

Name on pay roll Young

T.

H.

(Last Name)

(First Name)

(Middle Name)

NAME OF EMPLOYER IF NOT SAME AS ABOVE	OCCUPATION	DATE BEGAN (month, year)	DATE ENDED (month, year)	DEPARTMENT	LOCATION or DIVISION
C. of G. Ry.	Steno.-Clerk	Apr. 1906	June 1908	Traffic	Chattanooga, Tenn.
"	Chief Clerk	July 1908	Aug. 1913	"	" "

Dates are approximate.

SECTION 3. - BIRTH DATA

Employer's records indicate the employee was born at

No record

(City)

(County, parish, or other civil division)

(State or Country)

on No record (Month) (Day) (Year), which has (has not) been verified, and that such date of birth

was entered on records of the employer during the year of no date.

SECTION 4. - STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? No If the answer is "No" the Employer (Yes or No)

on whom service is claimed on August 29, 1935 will complete and attach form ERR-8.

2558672

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SECTION 5. - PERSONNEL RECORD

	OCCUPATION	DEPARTMENT or DIVISION	FROM		TO	
			MONTH	YEAR	MONTH	YEAR
1	Stenographer	Freight Traffic	Sept	1906	Nov	1908
2	Operator-Clerk	" "	Dec	1908	Dec	1909
3	Chief Clerk	" "	Jan	1910	July	1913
4						
5						
6						
7						
8						

SECTION 6. - SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X", and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan																C	C	C	C	C
Feb																C	C	C	C	C
Mar																C	C	C	C	C
April																C	C	C	C	C
May																C	C	C	C	C
June																C	C	C	C	C
July																C	C	C	C	C
Aug																X	C	C	C	C
Sept																X	C	C	C	C
Oct																	C	X	C	C
Nov																	C	C	C	C
Dec																	C	C	C	C
Total																				

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan	C	C																		
Feb	C	C																		
Mar	C	C																		
April	C	C	C																	
May	C	C	C																	
June	C	C	C																	
July	C	C	C																	
Aug	C	C	C																	
Sept	C	C	C																	
Oct	C	C	C																	
Nov	C	C	C																	
Dec	C	C	C																	
Total																				

Special Instructions for August and September, 1935: Check pay roll for second half of August 1935; if name is not found on this pay roll, check pay roll for first half of August. Check pay roll for first half of September 1935; if name is not found on this pay roll, check pay roll for second half of September. Do not make an entry in more than one block for each of the two months.

Note (a) Line out spaces for all months for which entries have not been made.  
 (b) Only 30 service years are required for verification.



### SECTION 7. - COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X", and that records for periods marked "M" are not available:

pay roll \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name)

COMPENSATION							OCCUPATION		
1931	1930	1929	1928	1927	1926	1925	1924	Year	Title on Pay Roll
X								1st	
X								1	
X								9	
X								3	
X								1	
X								2nd	
X								1st	
X								1	
X								9	
X								3	
X								0	
X								2nd	
X								1st	
X								1	
X								9	
X								2	
X								9	
X								2nd	
X								1st	
X								1	
X								9	
X								2	
X								8	
X								2nd	
X								1st	
X								1	
X								9	
X								2	
X								7	
X								2nd	
X								1st	
X								1	
X								9	
X								2	
X								6	
X								2nd	
X								1st	
X								1	
X								9	
X								2	
X								5	
X								2nd	
X								1st	
X								1	
X								9	
X								2	
X								4	
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X								2nd	



SECTION 9. - ADDITIONAL INFORMATION

- 1 Information in Sections 3 and 5 from Mr. W. McN. Knapp, CTO., Savannah, Ga.
- 2 Information in Section 6 from original payrolls on file with the Auditor of Dis-
- 3 bursements, Savannah, Ga.

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SECTION 10. - CERTIFICATION

All information or data reported on this form in Sections 3, 4, 5, 6, 7 and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations or erasures appear in this report except as noted above under "Additional information", or as initialed by me.

Date March 11, 1942

*W. McN. Knapp*  
(Signature)  
AUDITOR OF DISBURSEMENTS  
(Title)

Note: - The official concerned shall date and sign as to the correctness of all entries.

SECTION 11- - EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). " \* \* \* The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts \* \* \* "

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year."







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SECTION 5. - PERSONNEL RECORD

	OCCUPATION	DEPARTMENT or DIVISION	FROM		TO	
			MONTH	YEAR	MONTH	YEAR
1	STENOGRAPHER	COMMON TARIFF	MAR.	1917	Sep.	1917
2						
3						
4						
5						
6						
7						
8						

SECTION 6. - SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X", and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan												X								
Feb												X								
Mar												C								
April												C								
May												C								
June												C								
July												C								
Aug												C								
Sept																				
Oct																				
Nov																				
Dec																				
Total																				

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan																				
Feb																				
Mar																				
April																				
May																				
June																				
July																				
Aug																				
Sept																				
Oct																				
Nov																				
Dec																				
Total																				

Special Instructions for August and September, 1935: Check pay roll for second half of August 1935; if name is not found on this pay roll, check pay roll for first half of August. Check pay roll for first half of September 1935; if name is not found on this pay roll, check pay roll for second half of September. Do not make an entry in more than one block for each of the two months.

- Note (a) Line out spaces for all months for which entries have not been made.
- (b) Only 30 service years are required for verification.



**SECTION 7. - COMPENSATION AND OCCUPATION**

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X", and that records for periods marked "M" are not available:

Name on pay roll \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name)

COMPENSATION									OCCUPATION	
	1931	1930	1929	1928	1927	1926	1925	1924	Year	Title on Pay Roll
Jan.									1st	
									1931	
Feb.									2nd	
									1st	
Mar.									1930	
									2nd	
Apr.									1st	
									1929	
May									2nd	
									1st	
June									1928	
									2nd	
July									1st	
									1927	
Aug.									2nd	
									1st	
Sept.									1926	
									2nd	
Oct.									1st	
									1925	
Nov.									2nd	
									1st	
Dec.									1924	
									2nd	
Total									1st	
									1924	
									2nd	

Notes: (a) Line out spaces for all months for which entries have not been made.  
 (b) Enter occupation for the first pay roll period in each half year on which the employee's name is found.

**SECTION 8. - COMPUTATIONS**  
 (For use of Railroad Retirement Board only)

1-1-24 to 12-31-31 \_\_\_\_\_ No. of Months \_\_\_\_\_ Net Compensation \$ \_\_\_\_\_  
 Other service prior to 1-1-37 \_\_\_\_\_  
 C \_\_\_\_\_ M \_\_\_\_\_ A \_\_\_\_\_  
 Computer \_\_\_\_\_ Reviewer \_\_\_\_\_



SECTION 9. - ADDITIONAL INFORMATION

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SECTION 10. - CERTIFICATION

All information or data reported on this form in Sections 3, 4, 5, 6, 7 and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations or erasures appear in this report except as noted above under "Additional information", or as initialed by me.

*W. White*  
(Signature)

*C*

Date JUN 13 1941

(Title)

Note:- The official concerned shall date and sign as to the correctness of all entries.

SECTION 11- - EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). " \* \* \* The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts \* \* \* " .

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year. "



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Form AA-2 P  
RAILROAD RETIREMENT BOARD  
(Revised October 1938)



Social Security Account Number 718 | 16 | 9511

1 of 3 R. R. B. No.

EMPLOYER EMPLOYEE'S PRIOR SERVICE

SECTION 1. - IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by

Young Thomas Henry  
(Last Name) (First Name) (Middle Name)

313 Emerson N. W. Washington D. C.  
(Street and Number) (Post Office) (County) (State)

who states that he served with the employer or its predecessor as shown in Section 2 herein.

SECTION 2. - EMPLOYEE'S CLAIMED SERVICE

The Chesapeake and Ohio Railway Company 18  
(Name of Employer)

Name on pay roll Young T. H. (910791)  
(Last Name) (First Name) (Middle Name)

	NAME OF EMPLOYER IF NOT SAME AS ABOVE	OCCUPATION	DATE BEGAN (month, year)	DATE ENDED (month, year)	DEPARTMENT	LOCATION or DIVISION
1	C. & O.	Steno.-Opr.	Nov. 1920	Sept. 1924	Frnt. Traff.	Washington, D.C.
2	"	Chief Clerk	Sept. 1924	Oct. 1927	" "	" "
3	"	Commercial Agt.	Oct. 1927	Feb. 1932	" "	" "
4	"	Gen. Agent	Feb. 1932	July 1934	" "	" "
5	"	Asst.Gen.Agt.	July 1934	Not ended	" "	" "
6						
7		Date changed from steno-opr. to chief clerk is approximate.				
8						

SECTION 3. - BIRTH DATA

Employer's records indicate the employee was born at

Dalton Ga.  
(City) (County, parish, or other civil division) (State or Country)

on Feb 24 1886, which has (has not) been verified, and that such date of birth

was entered on records of the employer during the year of Not Known

SECTION 4. - STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? Yes If the answer is "No" the Employer (Yes or No)

with whom service is claimed on August 29, 1935 will complete and attach form ERR-8.

1759472

PS13338



84048

SECTION 5. - PERSONNEL RECORD

	OCCUPATION	DEPARTMENT or DIVISION	FROM		TO	
			MONTH	YEAR	MONTH	YEAR
1	Chief Clerk	Washington	10-1	1928		
2	General Agent	"	2-1	1932		
3	Asst. General Agent	"	7-1	1934		
4						
5						
6						
7						
8						

SECTION 6. - SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X", and that records for months marked "M" are not available:

	1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan	c	c	c	c	c	c	c	c												
Feb	c	c	c	c	c	c	c	c												
Mar	c	c	c	c	c	c	c	c												
April	c	c	c	c	c	c	c	c												
May	c	c	c	c	c	c	c	c												
June	c	c	c	c	c	c	c	c												
July	c	c	c	c	c	c	c	c												
Aug	c	C	c	c	c	c	c	c												
Sept	c	c	c	c	c	c	c	c												
Oct	c	c	c	c	c	c	c	c	X											
Nov	c	c	c	c	c	c	c	c	c											
Dec	c	c	c	c	c	c	c	c	c											
Total	10	10	10	10	10	10	10	10	2											

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan																				
Feb																				
Mar																				
April																				
May																				
June																				
July																				
Aug																				
Sept																				
Oct																				
Nov																				
Dec																				
Total																				

Special Instructions for August and September, 1935: Check pay roll for second half of August 1935; if name is not found on this pay roll, check pay roll for first half of August. Check pay roll for first half of September 1935; if name is not found on this pay roll, check pay roll for second half of September. Do not make an entry in more than one block for each of the two months.

- Note (a) Line out spaces for all months for which entries have not been made.  
 (b) Only 30 service years are required for verification.



**SECTION 7. - COMPENSATION AND OCCUPATION**

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the period marked "X", and that records for periods marked "M" are not available:

pay roll Yairing (Last Name) J (First Name) H (Middle Name)

	COMPENSATION								OCCUPATION	
	1931	1930	1929	1928	1927	1926	1925	1924	Year	Title on Pay Roll
Jan.								94 08	1st	
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	109 76	1931	Com'l. Agt.
Feb.								101 92	2nd	
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	86 24	1st	
Mar.								101 92	1930	Com'l. Agt.
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	101 92	2nd	
Apr.								101 92	1st	
	240 00	240 00	225 00	225 00	200 00	300 00	200 00	101 92	1929	Com'l. Agt.
May								101 92	2nd	
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	101 92	1st	
June								94 08	1928	Com'l. Agt.
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	101 92	2nd	
July								94 08	1st	
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	109 76	1927	Com'l. Agt.
Aug.								101 92	2nd	
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	101 92	1st	Chief Clerk
Sept.								94 08	1926	
	240 00	240 00	225 00	225 00	200 00	200 00	200 00	100 00	2nd	
Oct.									1st	
	240 00	240 00	240 00	225 00	200 00	200 00	200 00	200 00	1925	Chief Clerk
Nov.									2nd	
	240 00	240 00	240 00	225 00	200 00	200 00	200 00	200 00	1st	
Dec.									1924	Chief Clerk
	240 00	240 00	240 00	225 00	200 00	200 00	200 00	200 00	2nd	
Total		5760 00			13605 00			20806 28	1st	Steno. Agt.
									1923	
									2nd	

Notes: (a) Line out spaces for all months for which entries have not been made.  
 (b) Enter occupation for the first pay roll period in each half year on which the employee's name is found.

**SECTION 8. - COMPUTATIONS**

(For use of Railroad Retirement Board only)

74  
 NP  
 1-1-24 to 12-31-31 \_\_\_\_\_ No. of Months \_\_\_\_\_ Net Compensation \$ \_\_\_\_\_  
 Other service prior to 1-1-37 \_\_\_\_\_  
 C \_\_\_\_\_ M \_\_\_\_\_ A \_\_\_\_\_  
 Computer \_\_\_\_\_ Reviewer \_\_\_\_\_



SECTION 9. - ADDITIONAL INFORMATION

1 Data in Sections 1 and 2 taken from Form AA-15.

2 Data in Sections 3 and 5 taken from personnel records.

3 Data in Sections 4, 6 and 7 taken from pay roll records.

4 Corrections on this form made and initialed by *J. M. Lindsey*

5 When the accumulation of personnel records of  
6 employees was begun, information with respect to  
7 service rendered by employees prior to that time was  
8 obtained from the best employment records avail-  
9 able without actually checking the pay roll records to  
10 determine such service, in consequence of which the  
11 information contained in the personnel records of  
12 employees will not in all instances agree with the  
13 pay roll records, which explains the discrepancy be-  
14 tween the personnel record and the pay roll record  
15 of the employee whose service and compensation  
16 are reported herein.

- 11  
12  
13  
14  
15  
16  
17  
18  
19  
20

SECTION 10. - CERTIFICATION

All information or data reported on this form in Sections 3, 4, 5, 6, 7 and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations or erasures appear in this report except as noted above under "Additional information", or as initialed by me.

Date NOV 18 1941

*W. W. [Signature]*  
(Signature)  
Accountant

(Title)

Note: - The official concerned shall date and sign as to the correctness of all entries.

SECTION 11-- EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (b) (part). " \* \* \* The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts \* \* \* ".

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (b) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than \$10,000 or by imprisonment not exceeding 1 year."



UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD  
844 RUSH STREET  
CHICAGO, ILLINOIS

FEB 26 1943

BUREAU OF RETIREMENT CLAIMS

Thomas H. Young  
313 Emerson N. W.  
Washington, D. C.

In reply refer to  
S.S.A. No. 718-16-9511

Dear Sir:

You are hereby notified that the following record of service prior to January 1, 1937 and of the compensation (not exceeding \$300 in any one month) earned by you in months during the period 1924-1931, inclusive, for which compensation reports were received by the Board, has been established for you on the records of the Board.

Name of employer	Total months credited	Compensation - 1924-1931	
		Months verified	Amount
The Chesapeake & Ohio Ry. Co.	194	96	\$20806.28
Southern Freight Association	6	0	-
Central of Ga. Ry. Co.	86	0	-
Total	286	96	\$20806.28

The service shown above is the maximum amount of service prior to January 1, 1937 which may be added to any creditable service you perform after that date in computing your annuity under the Railroad Retirement Acts. No service performed after attaining age 65 may be credited toward an annuity, and no more than 30 years of service may be credited toward any annuity which begins prior to the year 1967. If you become eligible for such annuity, service will be credited to you in reverse order, beginning with the most recent creditable service and going back no further than is necessary to establish the maximum of 30 years. If you perform sufficient additional creditable service before you apply for an annuity, it may not be necessary to use the entire amount of service shown above in computing your annuity.

The average monthly compensation applicable to service prior to January 1, 1937 is determined by dividing the total compensation reported as earned in the credited months of service during the period 1924-1931, inclusive, by the number of months in which such compensation was earned.

The date of birth shown on your statement of service has not been verified. To avoid future delays, you may wish to present proof of your birth date now. Types of evidence are listed in order of preference on the attached Form RB-1. Documents submitted should be identified by your name and social security account number.

Your attention is invited to the back of this letter which contains excerpts from the Regulations of the Board with respect to finality of the record of prior service.

Yours very truly,

*Ludwig*  
Director of Retirement Claims *ent*

Encl. Form RB-1.



UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD  
844 RUSH STREET  
CHICAGO 11, ILLINOIS

RL-104  
(9-6)

BUREAU OF RETIREMENT CLAIMS

AUG 26 1947

Mr. Thomas Henry Young  
313 Emerson Street, Northwest  
Washington, D. C.

In reply refer to  
S.S.A. No. 718-16-9511

Dear Sir:

Receipt is acknowledged of the evidence  
you have submitted to establish your date of  
birth.

This evidence establishes your date of birth  
on the records of the Board as February 24, 1883.

Yours very truly,

*W. Mason*  
John W. Callender

Director of Retirement Claims

*G. Van.*  
G. Vanlergerghe: DAnapolis  
August 22, 1947



# The Northwestern Mutual Life Insurance Company

720 EAST WISCONSIN AVENUE

Milwaukee 2, Wisconsin

## ACTUARIAL DEPARTMENT

ELGIN G. FASSEL, Actuary  
V. E. HENNINGSEN, Associate Actuary  
H. G. BRUNNQUELL } Assistant  
A. J. BOEDEKER, } Actuaries  
W. C. McCARTER, }  
R. W. WALKER, }

July 16, 1947

703387

Mr. Thomas H. Young,  
The Chesapeake and Ohio Ry. Co.,  
809 - 15th Street, N. W.,  
Washington 5, D. C.

Dear Mr. Young:

We have your letter of July 11 in which you request a photostatic copy of the policies issued on your life in this Company.

In accordance with an application dated May 27, 1907 there was issued in this Company policy No. 703387 insuring the life of Mr. Thomas Henry Young. In the application for this policy the date of birth was given as February 24, 1883 and the place of birth, Trion, Georgia.

It is suggested that this letter be sufficient evidence of what our records show.

Very truly yours,



Assistant Actuary.

AJB:EM



APPLICATION FOR EMPLOYEE ANNUITY UNDER THE RAILROAD RETIREMENT ACT

(DO NOT WRITE IN THESE SPACES)

A264823

Officially Filed MAY 4 1948

Helen Nelson Clerk Washington Branch Office

ALL ITEMS ON THIS FORM MUST BE ANSWERED. THE COMPLETED FORM IS TO BE RETURNED TO THE RAILROAD RETIREMENT BOARD

1. Social Security Account No. 718-16-9511

2. Name (PRINT) Thomas Henry Young (FIRST) (MIDDLE) (LAST) 3. Race White

4. Sex Male (MALE OR FEMALE)

Walker Georgia (TOWN OR CITY) (COUNTY) (STATE)

5. Date of birth February 24 1883 6. Place of birth (PRINT) Young (MONTH) (DAY) (YEAR) (TOWN OR CITY) (COUNTY) (STATE)

7. Father's William Sanford (FIRST NAME) (MIDDLE NAME) (LAST NAME) Mother's Sarah Elizabeth Simmons (FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)

8. Are you now single, married, divorced, or widowed? Married If now married give wife's name Grace Argyle Rudd (FIRST NAME) (MIDDLE NAME) (MAIDEN LAST NAME)

9. Are you applying for an annuity to begin before age 65? No (a) If so, are you totally and permanently disabled for regular employment for hire? or are you disabled for work in your regular occupation? (b) what is your principal disabling condition? (c) what was your regular occupation in employer service during the last 5 years? (d) during the last 15 years? (e) have you been disqualified for employment by a medical officer of your last employer under the Railroad Retirement Act?

10. Do you claim compensated service for any employer under the Railroad Retirement Act prior to January 1, 1937? Yes If "Yes," have you filed with the Board a statement of such service on Form AA-15? Yes 11(a). Give the following information to cover the last 18 months you worked for employers under the Railroad Retirement Act. (If more space is required, continue under "Remarks.")

Table with 2 columns: LAST EMPLOYER, NAME OF EMPLOYER, PAYROLL NAME, LAST OCCUPATION, LAST DEPARTMENT, LAST DIVISION OR LOCATION, WORKED FROM (DATE) TO (DATE). Entry: Chesapeake and Ohio RR Co., T. H. Young, General Agent, Freight-Traffic, Washington, D. C., 11-1946 to Not ended.

11(b). If you have stopped work for the purpose of receiving an annuity, give the last date on which you last worked for an employer under the Act 12. Do you still hold rights to return to the service of employer(s) under the Railroad Retirement Act? Yes If so, give the names of all such employer(s) Chesapeake and Ohio Railroad Company

13. If you no longer hold such rights, give name of employer(s) under the Railroad Retirement Act with whom you last held rights

Date you relinquished these rights: Month Day Year



14(a). Give the following information if you have performed any service for any person, company, or institution (other than an employer under the Railroad Retirement Act) (1) during the period of your last service for an employer under the Railroad Retirement Act (see item 11(a)), or (2) after such period. If "None," so state. (If more than 2, continue under "Remarks")

NAME	ADDRESS	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
None					

14(b). Do you still hold rights to return to the service of any person, company, or institution, not an employer under the Railroad Retirement Act? No

15. Have you signed Railroad Retirement Board Form G-88, Employee's Certificate of Termination of Service and Relinquishment of Rights, and forwarded it to your employing officer? No If so, give date forwarded \_\_\_\_\_ Name and location of employing officer \_\_\_\_\_

16(a). Do you claim that service in the land or naval forces of the United States should be included in your service? No If "Yes," give \_\_\_\_\_ (DATE OF ENTRY) \_\_\_\_\_ (PLACE OF ENTRY)

(BRANCH OF SERVICE)

(MILITARY ORGANIZATION OR VESSEL)

(SERIAL NUMBER - IF NONE, GIVE RANK)

(PLACE OF DISCHARGE)

(DATE OF DISCHARGE)

16(b). Are you receiving or have you applied for pension, disability compensation or other gratuitous benefits by reason of this service? No If so, give your Veterans Administration "C" number \_\_\_\_\_ If you do not have a Veterans Administration "C" number, state the nature of any benefits you are receiving or have applied for \_\_\_\_\_

17. (ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR A DISABILITY ANNUITY.) If you are granted a disability annuity AND if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were LAST employed prior to the date your annuity begins? \_\_\_\_\_

18. Are you applying for an annuity to begin on the earliest date permitted by law? \_\_\_\_\_ If you wish a later date give: Month July Day 1 Year 1948 (THE EARLIEST BEGINNING DATE PERMITTED BY LAW IS ORDINARILY THE DAY FOLLOWING THE LAST DAY OF COMPENSATED SERVICE BUT NOT MORE THAN 2 MONTHS PRIOR TO THE FILING DATE OF THE APPLICATION.)

REMARKS: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.) I intend to cease working on June 30, 1948.

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

19. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

*Thos H Young*  
(SIGN IN INK OR INDELEBIL PENCIL - NOT PRINT)

313 Emerson Street, N. W.

(STREET AND NUMBER)

Washington, D. C.

(CITY)

(ZONE NUMBER)

(STATE)

PENALTIES. SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL..... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."



A364823

UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

718-16-9511

THIS SIDE  
TO BE  
COMPLETED  
BY THE  
EMPLOYEE

EMPLOYEE'S CERTIFICATE OF TERMINATION OF  
SERVICE AND RELINQUISHMENT OF RIGHTS

IMPORTANT:

IF YOU ARE UNDER AGE 65 AND YOU ARE CLAIMING A DISABILITY ANNUITY, DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME AND ADDRESS OF EMPLOYEE  
**Thomas Henry Young**  
313 Emerson St N.W.,  
Washington, D.C.

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER\*?  
YES  NO   
IF YOUR ANSWER IS "YES," FILL OUT THE SPACES BELOW.

2(a) NAME OF LAST EMPLOYER\*  
**Chesapeake & Ohio Ry.**

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

2(b) OCCUPATION  
**General Agent**

STREET AND NUMBER

2(c) DIVISION OR DEPARTMENT, AND LOCATION  
**Traffic, Washington, D.C.**

CITY OR TOWN STATE

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER\* AND THAT I LAST WORKED FOR ABOVE EMPLOYER\* FOR COMPENSATION ON  
MONTH June DAY 30 YEAR 1948

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY  
MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_  
5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY  
MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER\* SERVICE ON  
July 1, 1948  
MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE  
MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_  
NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT

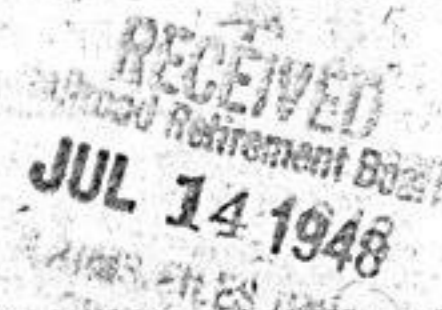
NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER\* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER\*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS" BELOW.

SIGNATURE OF APPLICANT  
*Thomas H. Young*  
DATE SIGNED  
July 1, 1948

REMARKS  
AA-1 officially filed on May 4, 1948



\*DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART I OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC. CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART "ANY.....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT.....FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."



FORM APPROVED  
BUDGET BUREAU NO. 70-R047.2

FORM NO. G-88a  
(7-7)

CLAIM NO.  
A-364483

UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

SOCIAL SECURITY ACCOUNT NO.  
718-16-9511

THIS SIDE TO BE COMPLETED  
BY THE EMPLOYER

EMPLOYER'S SUPPLEMENTAL REPORT  
OF  
SERVICE AND COMPENSATION

DATE RELEASED  
July 1, 1948

A. EMPLOYER

~~Chesapeake and Ohio Railroad Company~~  
The Chesapeake and Ohio Railway Company

B. EMPLOYEE IDENTIFICATION

NAME Young LAST	Thomas FIRST	Henry MIDDLE	DATE LAST WORKED June 30, 1948	DATE RIGHTS RELINQUISHED July 1, 1948
ADDRESS 313 Emerson Street, N. W., Washington, D. C.			OCCUPATION General Agent	LOCATION Washington, D. C.
PAYROLL NAME T. H. Young		#910791	DEPARTMENT Freight Traffic	

C. STATEMENT OF SERVICE MONTHS AND COMPENSATION

EMPLOYERS REPORTING ON AN ANNUAL BASIS: IF THIS REPORT IS SUBMITTED BEFORE JUNE 1 OF ANY YEAR, REPORT THE EMPLOYEE'S COMPENSATION FOR EACH MONTH OF SERVICE DURING THE PERIOD BEGINNING WITH JANUARY 1 OF THE PRECEDING CALENDAR YEAR AND ENDING WITH THE DATE LAST WORKED. IF THIS REPORT IS SUBMITTED AFTER MAY 31 OF ANY YEAR, REPORT THE EMPLOYEE'S COMPENSATION FOR EACH MONTH OF SERVICE DURING THE CURRENT CALENDAR YEAR TO DATE LAST WORKED.

EMPLOYERS REPORTING ON A QUARTERLY BASIS: REPORT THE EMPLOYEE'S COMPENSATION FOR EACH MONTH OF SERVICE DURING LAST TWO COMPLETED CALENDAR QUARTERS AND THE PERIOD AFTER SUCH QUARTERS TO THE DATE LAST WORKED

NOTE: REPORT ANY ALLOWANCES PAID FOR PERIODS AFTER LAST DAY WORKED IN SECTION D.

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
48	300.	300.	300.	300.	300.	300.							

D. ALLOWANCES FOR PERIODS AFTER DATE LAST WORKED

REMARKS  
1800.00

PERIOD COVERED		AMOUNT	REASON FOR PAYMENT
FROM	TO		

E. CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION B OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED \$300 FOR ANY CALENDAR MONTH.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE *C. White*

SIGNATURE *Abraham*

TITLE District Freight Agent

TITLE General Accountant

DATE July 2, 1948

DATE JUL 8 - 1948

\* IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.



ENTER BELOW YOUR HUSBAND'S RAILROAD RETIREMENT BOARD CLAIM NUMBER IF HE HAS BEEN ASSIGNED A NUMBER

A-364823

APPLICATION OF WIFE FOR SPOUSE'S ANNUITY

IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

(DO NOT WRITE IN THIS SPACE)

Officially filed  
 Date FEB 5 - 1953

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

Fld. Rep. H. W. Murphy  
 Washington, D.C.

Print

Husband's Name THOMAS HENRY YOUNG Unknown  
 (FIRST) (MIDDLE) (LAST) (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, ETHEL CARPENTER YOUNG, hereby apply for the wife's  
 (PRINT APPLICANT'S NAME: FIRST (MIDDLE) LAST)

annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? YES If "Yes,"  
 (YES OR NO) give your name and account number as shown on your social security card:

ETHEL CARPENTER DAY 577-18-8130  
 (NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

2. (a) What was your maiden name? ETHEL CARPENTER

(b) When were you born? Month DEC. Day 15 Year 1902

(c) Where were you born? WASHINGTON D.C.  
 (CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)

(d) Your father's name LUMAN (NONE) CARPENTER  
 (FIRST) (MIDDLE) (LAST)

(e) Your mother's name NORA ETHEL WATSON CARPENTER WATSON  
 (FIRST) (MAIDEN) (LAST)

3. (a) When were you and your husband married? Month FEB. Day 3 Year 1950

(b) Where were you and your husband married? WASHINGTON D.C.  
 (CITY) (STATE)

(c) Indicate by (✓) whether the marriage ceremony was performed by:

Clergyman  Authorized public official  Other \_\_\_\_\_  
 (EXPLAIN)

4. Were you married before your marriage to your present husband? YES If "Yes,"  
 (YES OR NO)

give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE
11-23-32	Wash. D.C.	Ralph C. Howard	Death	1-21-42	Wash. D.C.
2-11-44	" "	Herman W. Day	Divorce	7-1949	Montgomery county, Md.



5. (a) Are you and your husband living together at the same address? YES If "No," answer (b), (c) and (d) below.  
(YES OR NO)
- (b) Is he under order by any court to contribute to your support? \_\_\_\_\_  
(YES OR NO)
- (c) Is he contributing to your support? \_\_\_\_\_ (Contributions may be in cash, or in kind such as your living rent free in a house which he owns.) If "Yes," state how often he contributes and in what amounts \_\_\_\_\_  
(YES OR NO)
- (d) State why you and your husband are not living together \_\_\_\_\_

6. (ANSWER THIS QUESTION ONLY IF YOU ARE UNDER AGE 65.) (a) Do you have in your care, individually, or jointly with your husband, any of your husband's children under 18 years of age and unmarried? YES If "Yes," list below the name of each child and answer (b), (c) and (d) of this item. Include stepchildren, adopted and illegitimate children. Show relationship by placing a check (✓) in the proper column.  
(YES OR NO)

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO YOUR HUSBAND			
	MONTH	DAY	YEAR	LEGITIMATE	ADOPTED	STEPCHILD	ILLEGITIMATE

- (b) Are all the children named in (a) above now actually living in the same household with you? YES  
(YES OR NO)
- (c) If your answer to (b) is "No," give the following information about each child not living with you now:

FULL NAME OF CHILD	GIVE REASON CHILD IS NOT LIVING WITH YOU AND STATE HOW LONG HE HAS BEEN AWAY

- (d) Has any child named above ever been adopted by anyone other than your husband? NO  
(YES OR NO) If "Yes," give the name of child, by whom adopted, and when \_\_\_\_\_



7. (a) Have you ever worked for any person, company, or institution, whether or not covered by the Railroad Retirement Act? YES If "Yes," answer (b), (c) and (d) below.  
(YES OR NO)

(b) Are you still working? YES If "Yes," give name and address of your employer General Accounting Office, Washington, D.C. - U.S. Government.  
(YES OR NO)

Date you began work: Month OCT. Day (?) Year 1948

Date you intend to stop working: Month Indeterminate Year

(c) If you have stopped working, give date you last worked and the name and address of your last employer: \_\_\_\_\_  
(DATE LAST WORKED) (NAME OF EMPLOYER)  
\_\_\_\_\_  
(ADDRESS)

(d) Do you still hold seniority or other rights to return to the employment of any person, company, or institution? YES If "Yes," give name and address of such person, company, or institution GENERAL ACCTG. OFFICE, WASHINGTON, D.C.  
(YES OR NO)

(e) Were you in active military or naval service after September 15, 1940, and before July 25, 1947? NO  
(YES OR NO)

8. Have you filed an application for any annuity or lump sum under the Railroad Retirement Act? NO If "Yes," give your Railroad Retirement Board claim number \_\_\_\_\_  
(YES OR NO)

9. Have you ever filed an application for benefits under the Social Security Act? NO  
(YES OR NO)  
If "Yes," give:  
Name of individual on whose account number you filed your claim \_\_\_\_\_  
Individual's social security account number, if other than your own \_\_\_\_\_

10. Are you applying for an annuity to begin on the earliest date permitted by law? YES If "No," specify: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(YES OR NO)

SECTION I.  
IS NOT PAYABLE FOR ANY MONTH IN WHICH

A SPOUSE'S ANNUITY FOR A WIFE \_\_\_\_\_

- (a) The husband works for a railroad or other employer under the Railroad Retirement Act or for the last person, company, or institution (if any) by whom he was employed before his retirement annuity or pension began; or
- (b) The wife works for a railroad or other employer covered by the Railroad Retirement Act; or
- (c) The wife works for the last person, company, or institution (if any) by whom she was employed before her annuity began.



SECTION II

A SPOUSE'S ANNUITY FOR A WIFE TERMINATES WITH THE MONTH BEFORE THE MONTH IN WHICH

- (a) The husband dies; or
- (b) An absolute divorce is granted; or
- (c) The wife, while still under age 65, no longer has in her care a child of her husband under age 18 and unmarried.

11. Do you agree to notify the Railroad Retirement Board promptly when any of the events described in Sections I and II occur? YES  
(YES OR NO)

12. Do you agree to return promptly any check for benefits received by you if you are not entitled to it because of the occurrence of any of the events described in I and II above? YES  
(YES OR NO)

REMARKS:

CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(STREET AND NUMBER)  
\_\_\_\_\_  
(CITY) (ZONE) (STATE)

2. \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(STREET AND NUMBER)  
\_\_\_\_\_  
(CITY) (ZONE) (STATE)

SIGNATURE OF APPLICANT

Earl C. Jaeger  
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS: 3737 W ST., N.W.  
(STREET AND NUMBER)

WASHINGTON  
(CITY)

7  
(ZONE NUMBER)

(COUNTY)

D.C.  
(STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

WO-6-3841  
(IF NONE, WRITE "NONE")

DATE SIGNED

FEB.  
(MONTH)

5  
(DAY)

1953  
(YEAR)

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY... INDIVIDUAL... WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."



12-11-69-315

RRB FORM NO. G-91 (5-63) DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED	1 DATE	2 FILE NAME OF EMPLOYEE										3	1	2											
	721664	Thomas Henry Young										CARD NO.	0	1											
	4 SSA NO.	3	11	5	12	6 RRB CLAIM NO.	13	19	7	8	9	10	11	12	13										
									7	1	8	1	6	9	5	1	1	3	A	3	6	4	8	2	3

7 DOCUMENT ESTABLISHES: ("X" applicable boxes)

PROOF OF AGE OF EMPLOYEE PROOF OF AGE OF SPOUSE PROOF OF AGE OF CHILD PROOF OF AGE OF PARENT	20 9 X   	22 0   	PROOF OF MARRIAGE PROOF OF RELATIONSHIP PROOF OF MILITARY SERVICE PROOF OF DEATH
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**A. BIRTH, MARRIAGE, AND RELATIONSHIP**

8 EMPLOYEE  SPOUSE  CHILD  OTHER (specify) \_\_\_\_\_

NAME Ethel Carpenter

9 DATE OF BIRTH	24 MO.	DAY	YR.	29	A G E	13 DATE OF BIRTH	MO.	DAY	YR.	A G E			
							1	2	1	5	0	2	

10 DATE RECORD MADE: 010103    11 WEIGHT OF RECORD: 49    14 NAME OF FATHER: Not shown

12 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY APPLICANT?  YES  NO  
 B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS?  YES  NO  
 C: IF ITEM 12B IS ANSWERED "NO" ATTACH AFFIDAVITS

15 MOTHER'S MAIDEN NAME: Not shown (not identified as relationship)  
 16 MARRIAGE DATE & PLACE: \_\_\_\_\_

17 IF ITEM 12A OR 12B IS ANSWERED "YES" OR AFFIDAVITS ARE ATTACHED, PLACE FIRST INITIAL OF THE FIRST NAME AND THE FIRST FOUR LETTERS OF THE SURNAME as shown in Item 2 IN BOXES TO THE RIGHT.

	53	57
	T	Y O U N

**B. MILITARY SERVICE**

18 NAME OF PERSON AS SHOWN ON EVIDENCE \_\_\_\_\_

19 DATE OF BIRTH OR AGE \_\_\_\_\_

20 DATE BIRTH OR AGE RECORDED \_\_\_\_\_

21 RANK \_\_\_\_\_

22 BRANCH (ARMY, NAVY, ETC) \_\_\_\_\_

23 SERIAL NO. \_\_\_\_\_

24 DATE ENLISTED OR INDUCTED \_\_\_\_\_

25 DATE ENTERED ACTIVE DUTY \_\_\_\_\_

26 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY \_\_\_\_\_

27 MEANS OF ENTRY INTO SERVICE:  INDUCTED  CALLED FROM INACTIVE DUTY  ENLISTED  RE-ENLISTED  COMMISSIONED

28 CHARACTER OF DISCHARGE \_\_\_\_\_

29 KIND OF DOCUMENT \_\_\_\_\_

**C. DEATH**

30 NAME OF DECEASED AS SHOWN ON EVIDENCE \_\_\_\_\_

31 DATE OF DEATH \_\_\_\_\_

32 PLACE OF DEATH \_\_\_\_\_

33 KIND OF DOCUMENT  DEATH CERTIFICATE

**D. REMARKS AND CERTIFICATION**

34 REMARKS: This is an old family bible kept by applicant's maternal grandmother, "Watson Family" and all entries are in chronological order beginning with 1848 and ending with 1917. This entry appears to have been made at or near time of birth.

Bible or other family record  
 Hospital birth record or certificate  
 Notification of registration of birth

35 I certify that the data shown above was transcribed from a document which is acceptable to the Board according to the current instructions on proofs.

39 UNIT OR FIELD OFFICE: Wash. D. C.    SIGNATURE & TITLE: [Signature] Cont. Rep.    Reviewed: [Signature] Cont. Rep.



36	TYPE OF DOCUMENT ("X" applicable box)	VALUE	AGE OF DOCUMENT ("X" applicable box)	VALUE
<input type="checkbox"/> Civil Record of Birth <input type="checkbox"/> Church Record of Birth or Baptism <input type="checkbox"/> Notification of Registration of Birth <input type="checkbox"/> Hospital Birth Record or Certificate		30	<input checked="" type="checkbox"/> Record made within 1 year of date of birth	24
			<input type="checkbox"/> Record made 1 through 10 years after date of birth	21
<input type="checkbox"/> Physician's or Midwife's Birth Record <input checked="" type="checkbox"/> Bible or other Family Record		25	<input type="checkbox"/> Record made 11 through 20 years after date of birth	18
			<input type="checkbox"/> Record made 21 through 30 years after date of birth	15
<input type="checkbox"/> Naturalization Record <input type="checkbox"/> Military Record <input type="checkbox"/> Immigration Record <input type="checkbox"/> Passport		20	<input type="checkbox"/> Record made 31 through 40 years after date of birth	12
			<input type="checkbox"/> Record made 41 through 50 years after date of birth	9
<input type="checkbox"/> School Record <input type="checkbox"/> Vaccination Record <input type="checkbox"/> Insurance Record		15	<input type="checkbox"/> Record made 51 through 60 years after date of birth	6
			<input type="checkbox"/> Record made 61 through 70 years after date of birth	3
<input type="checkbox"/> Labor Union or Fraternal Record <input type="checkbox"/> Employer's Record <input type="checkbox"/> Marriage Record <input type="checkbox"/> Census or Draft Registration Record		10		
<input type="checkbox"/> Other Records Not Classified Above		5		

37 INSTRUCTIONS FOR COMPLETING THIS FORM:

Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the first of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the value placed on the document because of its type to the value placed on the document because of its age and enter the total weight in the spaces provided in Item 11 on the reverse side of this form. In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

RECEIVED  
DEC 2 1964  
SURVIVOR



RRB FORM G-91 (5-57)  DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED	1. DATE <b>9-17-58</b>	2. S.S.A. OR CLAIM NUMBER <b>SA-364823</b>
	3. FILE NAME OF EMPLOYEE <b>Thomas Henry Young</b>	


DESCRIPTION OF DOCUMENT		
4. KIND OF DOCUMENT <b>Marriage Certificate (original)</b>	5. ON OFFICIAL STATIONERY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SEAL USED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE RECORD MADE <b>2-3-1950</b>
7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION <b>Clerk of the U. S. District Court for the District of Columbia</b>	8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT <b>None</b>	

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT		
	EMPLOYEE	BENEFICIARY
10. NAME	<b>Thomas Henry Young</b>	<b>Ethel Carpenter Howard</b>
11. AGE OR DATE OF BIRTH	<b>Not shown</b>	<b>Not shown</b>
12. PLACE OF BIRTH	<b>Not shown</b>	<b>Not shown</b>
13. NAME OF FATHER	<b>Not shown</b>	<b>Not shown</b>
14. MOTHER'S MAIDEN NAME	<b>Not shown</b>	<b>Not shown</b>
15. DATE OF DEATH		
16. MARRIAGE	DATE <b>February 3, 1950</b>	PLACE <b>Washington, D. C.</b>

OTHER PERTINENT INFORMATION (Include address of person in whose interest document was furnished if: (a) this form is prepared in the field and (b) the address is not shown on other material being forwarded)

**Cert. No. 342055. Married in accordance with the Laws of the District of Columbia at Calvary Baptist Church by Rev. Clarence W. Cranford.**

UNIT OR FIELD OFFICE <b>Washington, D. C.</b>	SIGNATURE AND TITLE  <b>Contact Representative</b>
18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY) <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DEATH <input type="checkbox"/> AGE OR DATE OF BIRTH OF _____ <input type="checkbox"/> RELATIONSHIP OF _____	
DOCUMENT ESTABLISHES:	
UNIT	SIGNATURE AND TITLE







**NOTICE OF DEATH**

FORM APPROVED BUDGET BUREAU NO. 70-R009.3 FORM NO. AA-12 (12-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD		NAME OF DECEASED EMPLOYEE Thomas Henry Young	
<b>NOTICE OF DEATH AND STATEMENT OF COMPENSATION</b>		SOCIAL SECURITY ACCOUNT NO. 718-16-9511	R.R.B.-CLAIM NO. A-364823
		DATE OF BIRTH February 24, 1893	DATE OF DEATH July 2, 1958
NOTICE OF DEATH IS HEREBY GIVEN, PURSUANT TO REGULATIONS GOVERNING NOTIFICATION BY EMPLOYERS OF THE DEATH OF EMPLOYEES		FULL ADDRESS AT TIME OF DEATH Thomas Henry Young 3737 W Street, N. W., Washington, D. C. -	
NAME OF EMPLOYER The Chesapeake and Ohio Railway Company		PLACE OF DEATH Former Employee	
ADDRESS OF EMPLOYER 823 East Main Street, Richmond, Virginia -		DATE LAST WORKED (Blank)	
		LAST OCCUPATION OF DECEASED General Agent, Washington, D. C.	

**INSTRUCTIONS**

EMPLOYERS SHALL REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION FOR EACH MONTH OF SERVICE BEGINNING WITH THE MONTH SPECIFIED UNDER (A) OR (B), AS APPROPRIATE.

(A) EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS ANNUALLY: IF NOTICE OF DEATH IS SUBMITTED BEFORE MAY 1, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE PRECEDING CALENDAR YEAR; IF SUBMITTED AFTER APRIL 30, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE CURRENT CALENDAR YEAR.

(B) EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS QUARTERLY: REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH THE MONTH DETERMINED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

WHEN THIS NOTICE IS SUBMITTED FROM	REPORT COMPENSATION BEGINNING WITH
JAN. 1 THROUGH FEB. 28	JULY OF PRECEDING YEAR
MARCH 1 " APRIL 30	OCTOBER " " "
MAY 1 " SEPT. 30	JANUARY OF CURRENT YEAR
OCT. 1 " DEC. 14	APRIL " " "
DEC. 15 " DEC. 31	JULY " " "

BACK PAY AND OTHER WAGE ADJUSTMENTS PAID IN THE PERIOD COVERED BY THIS REPORT SHALL BE REPORTED FOR THE MONTH IN WHICH PAID IF IT HAS BEEN OR WILL BE COMBINED WITH OTHER COMPENSATION PAID IN THAT MONTH AND SO REPORTED ON YOUR REGULAR REPORT TO THE BUREAU OF WAGE AND SERVICE RECORDS. IF YOUR REPORT TO THAT BUREAU WILL SHOW AN ALLOCATION OF SUCH PAYMENTS TO THE MONTHS IN WHICH EARNED, THE SAME ALLOCATION SHALL BE MADE ON THIS REPORT.

**STATEMENT OF COMPENSATION**

MONTH	YEAR 1958	YEAR 19
JAN.	None	
FEB.		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUG.		
SEPT.		
OCT.		
NOV.		
DEC.		
TOTAL	None	

GIVE BASIS OF COMPENSATION, IF ANY, REPORTED FOR PERIOD AFTER DATE LAST WORKED ("VACATION ALLOWANCE," "SICK LEAVE ALLOWANCE," OR THE LIKE, PURSUANT TO RULES AND PRACTICES).

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE SURVIVING		
NAME Mrs. Ethel C. Young	ADDRESS 3737 W Street, N. W., Washington, D. C. -	
RELATIONSHIP TO DECEASED Widow		
DATE July 7, 1958	SUBMITTED BY <i>[Signature]</i>	OFFICIAL TITLE Vice President -

**EXCERPTS FROM REGULATIONS UNDER THE RAILROAD RETIREMENT ACT**

"EACH EMPLOYER SHALL NOTIFY THE BOARD OF THE DEATH OF ANY EMPLOYEE IN ACTIVE EMPLOYMENT, AND WHEN KNOWN, OF THE DEATH OF ANY EMPLOYEE IN AN EMPLOYMENT RELATION, WITHIN THIRTY DAYS FOLLOWING THE RECEIPT BY THE EMPLOYER OF NOTICE OF SUCH DEATH. SUCH NOTICE AND ANY INFORMATION WHICH THE BOARD MAY REQUIRE IN CONNECTION THEREWITH SHALL BE SUBMITTED ON THE FORM PROVIDED BY THE BOARD FOR THAT PURPOSE." (SEC. 250.2 OF REGULATIONS)



### APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

**A-364823**

For use when applicant has previously filed an application for a SPOUSE ANNUITY, an INSURANCE LUMP SUM, or INSURANCE ANNUITY on account of the deceased employee

(DO NOT WRITE IN THIS SPACE)

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

OFFICIALLY FILED 281

DATE **12 14 64**

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

CONT. REP. **N.W. Murphy**  
WASHINGTON **West: Fred.**

I, **ETHEL CARPENTER YOUNG**, hereby apply for any insurance annuity payable to me under the provisions of the Railroad Retirement Act, as amended.  
(PRINT YOUR FIRST-MIDDLE-LAST NAME)

#### INFORMATION ABOUT DECEASED EMPLOYEE

1 Name: **THOMAS HENRY YOUNG** **718 169511**  
(PRINT FIRST-MIDDLE-MAIDEN LAST NAME IF FEMALE-LAST NAME) (SOCIAL SECURITY ACC'T. NO.)

2 Date and place of birth: **00 00 84** **UNKNOWN** **GEORGIA**  
(MONTH-DAY-YEAR) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY)

3 Date and place of death: **07 02 58** **ARLINGTON** **VA**  
(MONTH-DAY-YEAR) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY)

4 Was the deceased employee survived by:  
(a) An unmarried child under age 18? **NO** If "Yes," give name and address of such child:  
(YES OR NO)  
(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? **NO** If "Yes," give name and address of such child:  
(YES OR NO)  
(NAME) (ADDRESS)

5 List all of the employment performed by the deceased employee during the 12 months before his death:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
<b>NONE</b>					

6 Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? **NO** If "Yes," give the following information:  
(YES OR NO)  
(a) Kind of trade or business: \_\_\_\_\_  
(b) Period of self-employment: From \_\_\_\_\_ To \_\_\_\_\_

#### INFORMATION ABOUT APPLICANT

7 If you are the deceased employee's widow, give your full maiden name: **ETHEL CARPENTER**

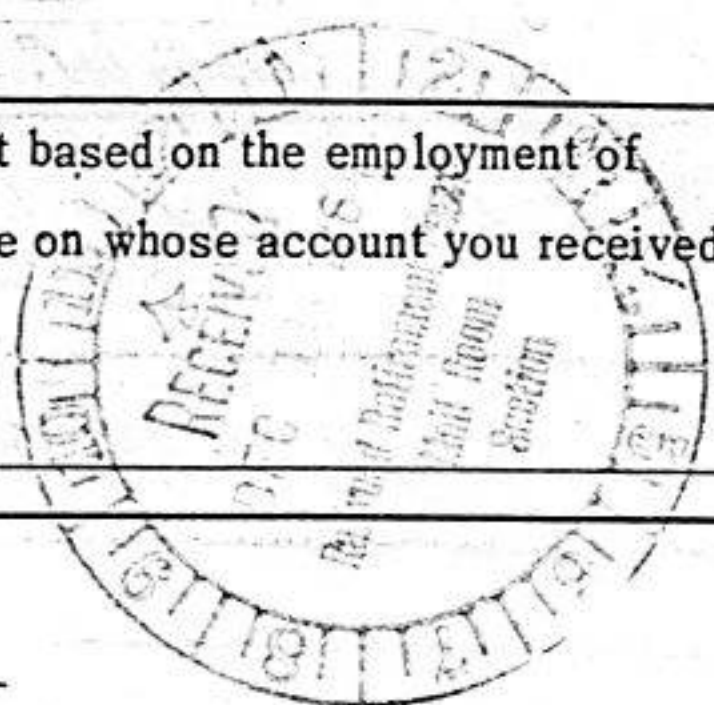
8 Have you ever had a social security account number of your own? **YES** If "Yes," give:  
(YES OR NO) **577-18-8130**  
**ETHEL C. YOUNG**  
(NAME SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

9 Your date and place of birth: **12 15 02** **WASHINGTON**  
(MONTH-DAY-YEAR) (TOWN OR CITY)  
**(NONE)** **D.C.**  
(COUNTY) (STATE OR FOREIGN COUNTRY)



10 Have you remarried since the death of the deceased employee? NO If "Yes," when did you remarry? \_\_\_\_\_ (YES OR NO)  
(MONTH-DAY-YEAR)

11 Have you received, or do you expect to receive, benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? NO If "Yes," give name of employee on whose account you received, or expect to receive, benefits and his RRB claim number: \_\_\_\_\_



12 Are you receiving monthly benefits under the Social Security Act based on:  
 (a) Your own employment? NO If "Yes," give the amount \$ \_\_\_\_\_ and date benefits began \_\_\_\_\_  
 (b) Any other person's employment (not your own or the deceased employee's)? NO  
 (c) If (b) is answered "Yes," give name of person on whose account you are receiving benefits and his social security account number: \_\_\_\_\_

13 Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? NO  
 If "Yes," give name of agency: \_\_\_\_\_

14 In the present calendar year did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act) YES If "Yes," give the following information:  
 (a) For the present calendar year, give:

NAME AND ADDRESS OF EMPLOYER OR KIND OF SELF-EMPLOYMENT	SHOW MONTH OR MONTHS IN WHICH YOU WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN											
	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
<u>U.S. GENERAL ACCOUNTING OFFICE</u> <u>47H &amp; G STS. N.W.</u> <u>WASHINGTON, D.C.</u>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

(b) If you were employed in the railroad industry this year (or expect to be so employed), give the date last worked (and the months you still expect to work, if any) in such employment. If you have not worked and do not expect to work in such employment, write "None." NONE

(c) For this entire year (January 1 through December 31) do you expect your total earnings from employment for hire and self-employment to exceed \$1200? YES If "Yes," answer (1), (2), and (3) below:  
 (1) For this year I expect that my total earnings from employment for hire and self-employment will be \$ 9000.00

(2) List the months since January 1 of this year in which your monthly earnings did not exceed \$100 and in which you did not render services as a self-employed person. (If none, write "None.") NONE

(3) Are you now working for more than \$100 a month or rendering services as a self-employed person? NO - LAST PAY WORKED 12-11-64 ON ANNUAL LEAVE THRU DEC. 28, 1964

1964



15

Answer this question only if the employee died before January 1 of this year:

(a) During the preceding calendar year did you work in employment for hire?

YES If "Yes," give the following information about all such employment, including employment in the railroad industry:  
(YES OR NO)

NAME AND ADDRESS OF COMPANY OR PERSON FOR WHOM YOU WORKED	MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC.					
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
GEN. ACCT. OFFICE WASH, D. C.						

(b) During the preceding calendar year were you self-employed? YES If "Yes," give the following information about such employment:  
(YES OR NO)

- (1) Give your net earnings from self-employment for the preceding year: \$ Approx. 600.00
- (2) State kind of trade or business: Renting a few rooms in my home.
- (3) List the months of the preceding year in which you did not render services as a self-employed person. (If none, write "None.") NONE

APPLICANT'S AGREEMENT

- I. A widow's or widower's insurance annuity is not payable to you for any month in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.
- II. All or part of a widow's or widower's insurance annuity is not payable to you for one or more months if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of \$1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.
- III. A widow's or widower's insurance annuity ends with the month before the month in which you remarry.

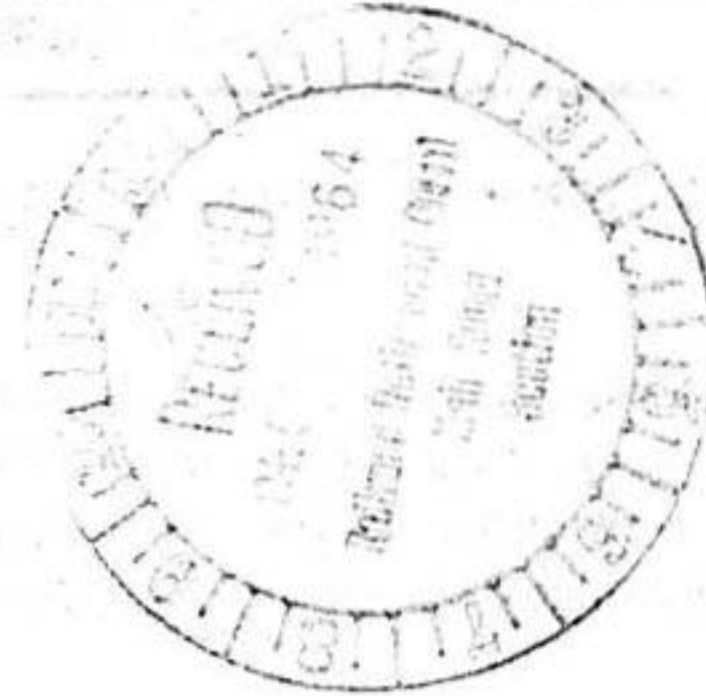
(QUESTIONS 16 AND 17 MUST BE ANSWERED)

- 16 Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? YES  
(YES OR NO)
- 17 Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if, to your knowledge, you could receive such benefits upon filing an application? YES  
(YES OR NO)



REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)

MY ADDRESS IS:  
3746 BENTON ST, N.W.  
WASHINGTON, D.C.



RECEIVED  
DEC 10 1964  
SURVIVOR

**CERTIFICATION:** Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

SIGNATURE OF APPLICANT:

*Ed C. Gony*

(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

~~3746~~ RAGLE'S NAT'L BANK

WISCONSIN + M STS. NW  
WASHINGTON

(NONE)

D.C.

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

FE 7 3841

(IF NONE, WRITE "NONE")

DATE SIGNED

12

14 64

(MONTH)

(DAY)

(YEAR)



SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY . . . . . INDIVIDUAL . . . . . WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."



# STATEMENT OF DEATH BY FUNERAL DIRECTOR

THOMAS HENRY YOUNG  
(NAME OF DECEASED)

718-16-9511

(SOCIAL SECURITY ACCOUNT NUMBER)

*F-9-15*

*Abled*

*copy of death*

1. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2. RACE WHITE	3. DATE OF DEATH OF DECEASED July 2, 1958
4. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)		
NAME Mrs. Ethel Carpenter Young	RELATIONSHIP WIFE	
STREET ADDRESS 3737 W Street, N.W., Washington, D.C.	CITY WASHINGTON 6, D.C.	STATE D.C.

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for Federal old-age, survivors, or disability insurance benefits.

**NOTICE.**—Whoever makes or causes to be made any false statement or representation in connection with an application for Federal old-age, survivors, or disability insurance benefits shall, upon conviction thereof as provided by law, be fined not more than \$1,000 or imprisoned for not more than 1 year or both.

NAME OF FUNERAL DIRECTOR OR FIRM (TYPE OR PRINT) JOSEPH GAWLER'S SONS, INC.
STREET ADDRESS OF FUNERAL DIRECTOR OR FIRM 1756 PA. AVE., N.W.,
CITY WASHINGTON 6, D.C.
ZONE NUMBER WASHINGTON 6, D.C.
STATE D.C.
SIGNATURE OF FUNERAL DIRECTOR, MEMBER OF FIRM, OR AUTHORIZED EMPLOYEE <i>W. J. Corlley</i>
TITLE CONTROLLER
DATE THIS STATEMENT MADE JULY 8, 1958

FORM OA-C721  
(3-57)

U. S. GOVERNMENT PRINTING OFFICE : 1957 - O-419173